WISCONSIN DELLS HEALTH/REHABILITATION CENTER

300 RACE STREET

WISCONSIN DELLS 53965 Phone: (608) 254-2574		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	90	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	90	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	86	Average Daily Census:	85

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	2 2			8		15.1
Supp. Home Care-Personal Care	No			ı		1 - 4 Years	32.6
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	•	9.3	•	20.9
Day Services	No	Mental Illness (Org./Psy)	33.7	65 - 74	16.3		
Respite Care	No	Mental Illness (Other)	2.3	75 - 84	33.7		68.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.2	*********	*****
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	8.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	10.5	65 & Over	90.7		
Transportation	No	Cerebrovascular	14.0			RNs	11.8
Referral Service	No	Diabetes	4.7	Gender	용	LPNs	7.6
Other Services	Yes	Respiratory	9.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	11.6	Male	40.7	Aides, & Orderlies	37.5
Mentally Ill	No			Female	59.3	İ.	
Provide Day Programming for	- 1		100.0			1	
Developmentally Disabled	No			l	100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	23	100.0	191	54	100.0	113	1	100.0	125	7	87.5	167	0	0.0	0	0	0.0	0	85	98.8
Intermediate				0	0.0	0	0	0.0	0	1	12.5	160	0	0.0	0	0	0.0	0	1	1.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	23	100.0		54	100.0		1	100.0		8	100.0		0	0.0		0	0.0		86	100.0

WISCONSIN DELLS HEALTH/REHABILITATION CENTER

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I			9	% Needing		Total
Percent Admissions from:	1	Activities of	용	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	2.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.3	Bathing	3.5		82.6	14.0	86
Other Nursing Homes	2.3	Dressing	11.6		75.6	12.8	86
Acute Care Hospitals	91.2	Transferring	39.5		41.9	18.6	86
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.9		57.0	15.1	86
Rehabilitation Hospitals	0.0	Eating	74.4		17.4	8.1	86
Other Locations	1.4	*****	*****	*****	******	******	******
Total Number of Admissions	216	Continence		용	Special Treatmen	ts	ે
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	3.5	Receiving Resp	iratory Care	14.0
Private Home/No Home Health	18.0	Occ/Freq. Incontiner	nt of Bladder	51.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	24.2	Occ/Freq. Incontine	nt of Bowel	25.6	Receiving Suct	ioning	0.0
Other Nursing Homes	5.2	-			Receiving Osto	my Care	1.2
Acute Care Hospitals	27.0	Mobility			Receiving Tube	Feeding	1.2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.3	Receiving Mech	anically Altered Diets	29.1
Rehabilitation Hospitals	0.0				_	-	
Other Locations	3.3 i	Skin Care			Other Resident C	haracteristics	
Deaths	22.3 i	With Pressure Sores		11.6	Have Advance D	irectives	72.1
Total Number of Discharges	i	With Rashes		4.7	Medications		
(Including Deaths)	211 i				Receiving Psyc	hoactive Drugs	59.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietarv	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	િ	Ratio	%	Ratio	%	Ratio	용	Ratio
Occumency Potes Average Pails Congres/Licensed Pode	94.4	84.6	1.12	88.0	1.07	88.1	1.07	87.4	1.08
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	32.6	75.5	0.43	72.9	0.45	69.7	0.47	76.7	0.42
Admissions from In-County, Still Residing	6.0	18.9	0.32	20.1	0.30	21.4	0.28	19.6	0.31
Admissions/Average Daily Census	254.1	152.9	1.66	129.5	1.96	109.6	2.32	141.3	1.80
Discharges/Average Daily Census	248.2	154.8	1.60	130.3	1.91	111.3	2.23	142.5	1.74
Discharges To Private Residence/Average Daily Census	104.7	63.8	1.64	52.2	2.01	42.9	2.44	61.6	1.70
Residents Receiving Skilled Care	98.8	94.6	1.05	93.7	1.06	92.4	1.07	88.1	1.12
Residents Aged 65 and Older	90.7	93.7	0.97	94.2	0.96	93.1	0.97	87.8	1.03
Title 19 (Medicaid) Funded Residents	62.8	66.0	0.95	66.3	0.95	68.8	0.91	65.9	0.95
Private Pay Funded Residents	9.3	19.0	0.49	21.6	0.43	20.5	0.45	21.0	0.44
Developmentally Disabled Residents	1.2	0.5	2.32	0.5	2.14	0.5	2.32	6.5	0.18
Mentally Ill Residents	36.0	31.3	1.15	36.2	1.00	38.2	0.94	33.6	1.07
General Medical Service Residents	11.6	23.7	0.49	21.5	0.54	21.9	0.53	20.6	0.57
Impaired ADL (Mean)	41.6	48.4	0.86	48.4	0.86	48.0	0.87	49.4	0.84
Psychological Problems	59.3	50.1	1.18	53.4	1.11	54.9	1.08	57.4	1.03
Nursing Care Required (Mean)	7.7	6.6	1.17	6.9	1.11	7.3	1.06	7.3	1.05